

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33856**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 462

0495  
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>	
c. LENGTH OF STAY (in this place) <b>15 yrs</b>		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>919 W. 3rd</b>		d. STREET ADDRESS (If rural, give location) <b>919 W. 3rd</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Albert</b>	b. (Middle) <b>Andrew</b>	c. (Last) <b>Bishop</b>	<b>Oct. 14 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 13 1878</b>	9. AGE (in years last birthday) <b>71</b>	IF UNDER 1 YEAR (Month) (Day) (Year)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant Police</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Halfway, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>W. A. Bishop</b>	13b. MOTHER'S MAIDEN NAME <b>Angeline Brewer</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Mary Bishop</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna Mary Bishop 919 W. 3rd</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma pancreas.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>157X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1950, to Oct 14, 1950, that I last saw the deceased alive on Oct 13, 1950, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE <b>W.E. Keeney M.D. 1010</b>	(Degree or title)	23b. ADDRESS <b>211 Sumner Bldg.</b>	23c. DATE SIGNED <b>10-16-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>10-17-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oshorne Memorial</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin Missouri</b>

DATE REC'D BY LOCAL REG. <b>10-18-50</b>	REGISTRAR'S SIGNATURE <b>Ed S. James 1158</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parker-Hunsaker Mortuary Joplin Mo.</b>
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*Primary W*

RECEIVED 10-21-50  
Jasper County Health Office  
County File Number 50-10-759  
Date Filed 10-21-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *F. M. Jones*  
Licensed Embalmer No. *2314*

P. O. Address *Joplin Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.